



# City of Cincinnati

## Initial and Interim Performance Review

Name \_\_\_\_\_ Classification \_\_\_\_\_

Dept/Div \_\_\_\_\_ Work Section \_\_\_\_\_

(Annual P.R. Date) Start Date \_\_\_\_\_ Mid Date \_\_\_\_\_ Special Date \_\_\_\_\_

### **ALL CATEGORIES REQUIRE COMMENTS (Use additional sheets as necessary)**

#### **1. Quality of Work:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **2. Quantity of Work:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **3. Rules and Regulations:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **4. Interpersonal Skills:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **5. Customer Service Delivery:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Attendance:**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Supervisory Skill (Supervisor Only):**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training (Includes training identified by supervisor, employee, others):**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Employee Activities (Includes special assignments, projects, committees, recognition/awards):**

- Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial Review**

Employee Initials\Date: \_\_\_\_\_ | \_\_\_\_\_ Supervisor Initials\Date \_\_\_\_\_ | \_\_\_\_\_

**Next Review Month** \_\_\_\_\_

**Interim Review**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ I saw this report on: \_\_\_\_\_

Copies to: Department/Division, Supervisor, Employee